

## General

### Title

Bipolar disorder: the percentage of patients with Bipolar I Disorder symptoms and behaviors who received monotherapy with an antidepressant agent during the first 12 weeks of treatment.

### Source(s)

STABLE (STAndards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

## Measure Domain

### Primary Measure Domain

#### Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients with Bipolar I Disorder symptoms and behaviors who received monotherapy with an antidepressant agent during the first 12 weeks of treatment.

### Rationale

Prescription of antidepressants in the absence of a mood stabilizer is not recommended as an appropriate maintenance treatment for patients with Bipolar I Disorder, most recent episode depressed.

In addition to recommendations to avoid antidepressant monotherapy in Bipolar I Disorder, the 2004

Consensus Guidelines and the Texas Medication Algorithm Project (TMAP) guidelines provide cautionary guidance regarding augmenting an antidepressant with an additional pharmacotherapy (mood stabilizing agent or antipsychotic agent) in the treatment regimen for a patient with bipolar depression with a history of rapid cycling or antidepressant-induced mania.

## Primary Clinical Component

Bipolar I Disorder; antidepressant monotherapy

## Denominator Description

Patients diagnosed with Bipolar I Disorder (any type of episode) (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Patients who receive only antidepressant monotherapy during the first 12 weeks following initiation of pharmacotherapy treatment (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

## Evidence Supporting Need for the Measure

### Need for the Measure

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

Internal quality improvement

## Application of Measure in its Current Use

## Care Setting

Ambulatory Care

Behavioral Health Care

Physician Group Practices/Clinics

## Professionals Responsible for Health Care

Advanced Practice Nurses

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

## Lowest Level of Health Care Delivery Addressed

Individual Clinicians

## Target Population Age

Age greater than or equal to 18 years

## Target Population Gender

Either male or female

## Stratification by Vulnerable Populations

Unspecified

## Characteristics of the Primary Clinical Component

### Incidence/Prevalence

Unspecified

### Association with Vulnerable Populations

Unspecified

### Burden of Illness

Unspecified

### Utilization

Unspecified

## Costs

Unspecified

# Institute of Medicine (IOM) Healthcare Quality Report Categories

## IOM Care Need

Getting Better

Living with Illness

## IOM Domain

Effectiveness

## Data Collection for the Measure

## Case Finding

Users of care only

## Description of Case Finding

Patients with diagnosis of Bipolar I Disorder: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) or Diagnostic and Statistical Manual of Mental Disorders, Fourth Revision, Text Revision (DSM-IV-TR): 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7

## Denominator Sampling Frame

Patients associated with provider

## Denominator Inclusions/Exclusions

### Inclusions

Patients 18 years of age or older with an initial diagnosis or new presentation/episode of bipolar disorder

AND

Documentation of Bipolar I Disorder; to include at least one of the following:

Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.7x; 296.7 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms

Diagnosis or impression documented in chart indicating Bipolar I Disorder

### Exclusions

Monotherapy antidepressant agent prescribed and the reason(s) for not prescribing additional bipolar

disorder pharmacotherapy (antimanic agent or mood stabilizing agent) are documented in chart, such as, not prescribed for medically-related reasons (allergy, previous drug reactions, drug interaction); not prescribed for patient reasons (patient refusal), etc.

## Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

## Denominator (Index) Event

Clinical Condition

Encounter

Therapeutic Intervention

## Denominator Time Window

Time window is a single point in time

## Numerator Inclusions/Exclusions

Inclusions

Documentation of use of antidepressant during the first 12 weeks of pharmacotherapy treatment (Refer to the "Data Dictionary Reference" in the original measure documentation for specified medications.)

AND

Determination that no mood stabilizing agent or antipsychotic agent was prescribed during the first 12 weeks of pharmacotherapy treatment for bipolar disorder

AND

Timeframe:

Documentation of the numerator-stated pharmacotherapy issue continues for first 12 weeks of treatment.

Exclusions

Unspecified

## Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## Numerator Time Window

Fixed time period

## Data Source

Administrative data

Medical record

## Level of Determination of Quality

Individual Case

## Pre-existing Instrument Used

Unspecified

## Computation of the Measure

### Scoring

Rate

### Interpretation of Score

Better quality is associated with a lower score

### Allowance for Patient Factors

Unspecified

### Standard of Comparison

Internal time comparison

## Evaluation of Measure Properties

### Extent of Measure Testing

The STABLE measures were developed using the RAND Appropriateness Method and have been shown to have content validity and face validity.

Data feasibility testing was performed to determine the availability of the data elements required in the measure numerator and denominator specifications.

Inter-abtractor reliability testing was performed to assess the data collection strategy. The data collection strategy included data collection forms; data dictionary references and abtractor instructions.

A field study was conducted to determine measure conformance in an appropriate convenience sample.

Refer to the references listed below for further information.

### Evidence for Reliability/Validity Testing

STABLE performance measures: data feasibility testing & results. Boston (MA): Center for Quality

Assessment and Improvement in Mental Health; 2007. 2 p.

STABLE performance measures: development process & validity ratings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: field study process & conformance findings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: inter-abstractor reliability testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

## Identifying Information

### Original Title

Bipolar disorder: avoidance of antidepressant monotherapy in BD I.

### Measure Collection Name

Standards for Bipolar Excellence (STABLE) Performance Measures

### Submitter

Center for Quality Assessment and Improvement in Mental Health - Clinical Specialty Collaboration

### Developer

STABLE Project National Coordinating Council - Clinical Specialty Collaboration

### Funding Source(s)

AstraZeneca LLP, Wilmington, Delaware, provided financial sponsorship for the STABLE Project. They did not otherwise participate in the development of either the measures or toolkit.

### Composition of the Group that Developed the Measure

The STABLE [National Coordinating Council \(NCC\)](#)  was comprised of national experts in bipolar disorder, psychiatry, primary care, and performance improvement. The NCC guided and directed the STABLE Project. NCC members agreed to serve with the understanding that the STABLE Performance Measures and Resource Toolkit would be fully transparent and available without cost in the public domain.

[EPI-Q, Inc.](#) , is a consulting company providing practice-based outcomes research, pharmacoeconomic studies, and quality improvement services. EPI-Q managed the STABLE Project.

### Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

## Adaptation

Measure was not adapted from another source.

## Release Date

2007 Jan

## Measure Status

This is the current release of the measure.

The STABLE Project National Coordinating Council reaffirmed the currency of this measure in November 2010.

## Source(s)

STABLE (STAndards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

## Measure Availability

The individual measure, "Bipolar Disorder: Avoidance of Antidepressant Monotherapy in BD I," is published in "STABLE (STAndards for BipoLar Excellence) Performance Measures." This document is available in Portable Document Format (PDF) from the [Center for Quality Assessment and Improvement in Mental Health \(CQAIMH\) Web site](#) .

## Companion Documents

The following is available:

STABLE National Coordinating Council Resource Toolkit Workgroup. STABLE resource toolkit. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007 Mar. 67 p. This document is available in Portable Document Format (PDF) from the [Center for Quality Assessment and Improvement in Mental Health \(CQAIMH\) Web site](#) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on January 10, 2008. The information was verified by the measure developer on April 14, 2008. The information was reaffirmed by the measure developer on November 1, 2010.

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